



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
500 JAMES ROBERTSON PARKWAY, SECOND FLOOR
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
www.state.tn.us/commerce/boards/funeral

MEMORANDUM

TO: CONTINUING EDUCATION PROVIDERS AND SPONSORS
FR: ROBERT B. GRIBBLE, EXECUTIVE DIRECTOR
RE: CONTINUING EDUCATION
PROVIDER APPROVAL REQUEST FORM

Per your request, enclosed are the Provider Approval Request Forms and a copy of the Continuing Education Rules, Chapter 0660-10-.04. Read the rules thoroughly and follow all instructions.

The following must be received by our office at least sixty (60) days prior to the date of your course:

- 1) completed Request for Approval form;
- 2) outline of the program/course objectives and daily schedule
- 3) resume/vitae/biographical sketch of each instructor/speaker

It may be to your best advantage as a provider to send the above items overnight express.

Your course has been reviewed and when approved, you will receive a written approval letter along with an attendance roster for your convenience, to be completed and returned to our office. Each provider is assigned a Provider Number, and every course is assigned a Course Number. Include these numbers on the attendance roster when sending it to us.

All continuing education courses will be approved only for whole credit hours. Our computer system does not recognize half credits, (i.e. 1.5 CE Hours).

Should you have any questions, do not hesitate to contact our office.

RBG/mp

Enclosures

PROVIDER/SPONSOR CONTINUING EDUCATION REQUEST APPROVAL FORM

CEU FORM IS NOT APPROVED IN THE FOLLOWING STATES: NEW MEXICO, MARYLAND

Program Provider/Sponsor:		Phone:	
Name of Contact Person:		Fax:	
Program Provider's Address:		Email:	
		City/State/Zip:	
Program Title:		Number of CE Hours Requested: _____ (Instructional hours excluding registration time, break & meals. One (1) credit hour equals 50 minutes)	
Program Date(s):		Program Location:	
Program Description: (A program outline, including times for all portions of the program and any breaks must be attached.)			
Program Objectives:			
Program Instructor(s):		Instructor(s) Company, City, State and Telephone Number:	
Instructor's Credentials: (Brief summary or attach resume'/vitae/bio for each)			
Attendance certified by: <input type="checkbox"/> Sponsor <input type="checkbox"/> Instructor <input type="checkbox"/> Other: _____			
Certifier's Name and Address: _____			
Describer method of attendance monitoring:			
Is this course/program approved for C.E. credit by another licensing/professional organization? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, who? _____ (attach documentation)			
Will this program be open to all licensees? Yes <input type="checkbox"/> No <input type="checkbox"/> Fee Amount Charged? \$ _____			
To register contact: _____ Telephone #: _____			
or mail to: _____			
<i>This form must be filed with the Board not less than (60) days prior to the date of the program. Without adequate information, the Board cannot grant approval. Attach any additional information that would be helpful to the Board in determining approval. Any change in a program after approval is granted must be approved by Board. Failure to do so shall be grounds or revocation of approval.</i>			
I certify the information contained above and the attached documentation is complete and correct.			
Name of person completing this application: (Please print) _____			
Address: (If different from above) _____			
City/State/Zip: _____		Telephone #: _____	
Signature: _____		Date: _____	
For Board Use Only			
State Board:			
	Activity/Program #:	Provider #:	Check List:
	On Agenda for:	Meeting:	Complete Application
	Approved for:	hours in Category	Instructor's Credentials/Vita
	Disapproved – Reason:		Agenda/Outline
			Measurement Criteria
	Signed:		Sample Certificate
	(authorized board staff/reviewer)	(Date)	Fee Enclosed

Additional Continuing Education Application Information Required by State Boards

***Arizona:** Indicate the number of hours and what part of program for EACH of the following categories:

_____ A. Mortuary Science

_____ B. Legal Compliance/Ethics

_____ C. Professional/Individual Development

Delaware: Provide Information on any other educational program for funeral directors offered by your institution/organization in the current year. *Education institution*, use academic year; *professional organization*, use calendar year.

Iowa: Approved sponsors are not required to submit programs on an individual basis. Only the Annual Report is due by December 31 of that year

***Kansas:** If approved, do you want this program to appear on our C. E. list? ☐ Yes ☐ No

Louisiana: Additional information may be required by the Board. This form and a \$50 non refundable fee must be received at least 30 prior to program. (contact the state Board for current fee info)

Minnesota: Programs being held in different locations, but having identical curriculum and faculty, are considered one program. Programs that differ in either substance or faculty must apply as separate programs.

***Nebraska: Type of Program:** Academic Credit: ☐ semester hours ☐ quarter hours ☐ other
X workshop, clinic, lecture, forum, seminar, etc.

Objectives for all programs must relate to the practice of mortuary science and contribute directly to the professional competency of the embalmer/funeral director. After the Board has granted its written approval of the application, the provider is entitled to state upon its publication: This program is approved for ___(number) Nebraska embalming/funeral directing continuing ed. Hours.

New Mexico: Activities approved by the Academy of Professional Funeral Service Practice will be granted credit by New Mexico. Provide necessary documentation along with copy of approval letter from the Academy.

***Ohio: Type or print** one activity per application. Do not list 2 different activities/2 different months on the same application.

Check one: Application is submitted for ☐ Prior Approval (prior to activity) ☐ Individual Request

☐ Post Approval (submitted by individual licensee within (30) days after completion of an out-of-state activity)

South Carolina: Include four (4) copies of each additional materials.

Tennessee: Program must be filed with the Board not less that sixty (60) days prior to the date of the program.

***Texas:** Indicate what portion and the amount of hours in your program pertains to ethics:

Texas Law Updates or Texas Vital Statistics?

This form must be accompanied by a \$50 non-refundable fee. (contact state Board for annual renewal review and \$250 fee info.)

Vermont: Continuing education topics shall be directly related to maintaining competence in essential issues of public protection and welfare. Advance approval for continuing education must contain the name of the sponsoring organization, location of program, title of program, description of content, dates of the program and continuing education hours requested. A resume of all instructors shall accompany the request for approval. Continuing education shall be for whole hours only, with a minimum of fifty minutes constituting one hour. Contact hours may not include travel time, lunch or breaks. Approval will be granted for continuing education for a funeral director and/or embalmer.

***West Virginia:** It is the responsibility of the requesting organization to certify a licensee's attendance at an approved program. Board attendance forms must be used for attendance certification. Indicate the number of hours and what part of program is considered for the OSHA/Health Education Category (all others will be considered General Education):

***Wisconsin:** Describe under EACH subject category those areas of the program which are educational for funeral directors. Itemize the number of educational hours for each part of the program. **Failure to provide required info. will delay processing.**

1. Grief Psychology/Communications

3. Business Management/Delivery of Services

2. Professional Conduct/Ethics

4. Technical/Sciences



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CONTINUING EDUCATION ATTENDANCE ROSTER

Course Name:	Course Date:
Provider Number:	Course Number:
Provider Name:	
Contact Person:	Phone:
Address:	

TENNESSEE STUDENT INFORMATION

(ALL FIELDS MUST BE LEGIBLE AND COMPLETED
TO ENSURE PROPER CREDIT FOR LICENSEE)

NAME/ADDRESS	SSN	LICENSE #	CREDIT HOURS	PASS/ FAIL

Signature of Instructor/Provider: _____

SAMPLE COURSE ITENITARY/AGENDA

**COURSE NAME
PROVIDER NAME
ADDRESS
DATE OF COURSE**

8:30 A.M. - 9:00 A.M.	REGISTRATION
9:00 A.M. - 10:40 A.M.	COURSE I
10:40 A.M. - 11:00 A.M.	BREAK
11:00 A.M. - 11:50 A.M.	COURSE II
11:50 A.M. - 1:00 P.M.	LUNCH
1:00 P.M. - 2:40 P.M.	COURSE III
2:40 P.M. - 2:50 P.M.	BREAK
2:50 P.M. - 3:40 P.M.	COURSE IV

NOTE: PROVIDER REQUESTS WILL NOT BE APPROVED WITHOUT A COPY OF YOUR DAILY ITENITARY OR COURSE SCHEDULE.